

AUTHORIZATION FOR
DEPOSIT OF PAYMENTS

Claim Number

1. Name of pension payment recipient

Folio number

I authorize and request the Washington State Department of Labor and Industries to transfer the amount of my pension payment to the designated financial institution for deposit in my:

☐ Checking Account

☐ Savings Account

This authorization is not an assignment of my right to receive payment and revokes all prior payment direction notices. This authorization will remain in effect until canceled by written request from me. I understand that the financial institution and the Department of Labor and Industries have the right to cancel this agreement by notice to me. I further authorize the Department of Labor and Industries to initiate adjustments to my account for deposits made in error.

2. Name of financial institution

Phone number
()

3. Recipient's Social Security Number (for ID Only)

4. Recipient's phone number
()

5. Mailing address of recipient

City

State

ZIP

Check if this is an address change ☐

6. Date

7. Signature of recipient

Attach a voided check
or:

Financial Institution To Complete Items Below:

Name of financial institution		Branch
Date	Phone number ()	Financial institution officer's title
Name of financial institution officer		Signature of financial institution officer

Deposit or account number to be credited

BK TR RT # ACCOUNT #

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